## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F37956

Entity Name: UNITED OIL PACKERS INCORPORATED

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3200 N.W. MIAMI, FL	125TH STREE 33167	ĒΤ				
Current Mailing Address:			New Mailir	New Mailing Address:		
3200 N.W. MIAMI, FL	125TH STREE 33167	ĒΤ				
FEI Number:	59-2133127	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Certificate of Status Desired	I (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
	ITH, MINDA 125TH STREE 33167 US	ĒΤ				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATUR	E:					
	Electroni	ic Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS	AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () HAMERSMITH, 0 3200 N.W. 1253 MIAMI, FL 3316	ST.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HAMERSMITH, CHERYL, 3200 N.W. 125 ST. MIAMI, FL 33167		
Title: Name: Address: City-St-Zip:	PD () HAMERSMITH, I 3200 N.W. 125T MIAMI, FL		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition HAMERSMITH, HENRY, 3200 N.W. 125TH ST. MIAMI, FL 33167		
Title: Name: Address: City-St-Zip:	VD () HAMERSMITH, S 3200 N.W. 125T MIAMI, FL		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition HAMERSMITH, STEVEN, 3200 N.W. 125TH ST. MIAMI, FL 33167		
Title: Name: Address: City-St-Zip:	CD (X) HAMERSMITH, 3200 N.W. 125T MIAMI, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () HAMERSMITH, I 3200 NW 125TH MIAMI, FL		Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition HAMERSMITH, MINDA, 3200 NW 125TH ST MIAMI, FL 33167		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HAMERSMITH PD 04/24/2006